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**TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO L.L.P.**

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**PATENT**

Attorney Docket No. TRW(AEC)5797

Assistant Commissioner for Patents  
Washington, D.C. 20231

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Cornelius Peter**

For (title): **BELT RETRACTOR**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 7 Pages of specification  
1 Pages Abstract  
3 Pages of claims  
2 Sheets of drawing  
 formal (Figs. - )  
 informal

In addition to the above papers there is also attached:

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date April 17, 2001 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EK956005944 addressed to the: Assistant Commissioner for Patents, Washington D.C.

Deborah Denn  
(Type or print name of person mailing paper)

  
(Signature of person mailing paper)



**6. Fee Calculation:**  
**(Small entity filing fee is 50% normal fee)**

CLAIMS AS FILED					
Number Filed	Number Extra	Rate	Basic Fee		
Total Claims	10	-20 =	X \$ 18.00	-0-	
Independent Claims	1	- 3 =	X \$ 80.00	-0-	
Multiple dependent claim(s), if any			+ \$270.00		

- Amendment canceling extra claims enclosed
- Amendment deleting multiple dependencies enclosed
- Fee for extra claims is not being paid at this time

Filing Fee Calculation \$710.00

**7. Small Entity Statement**

- Verified statement that this is a filing by a **small entity** under 37 CFR 1.9 and 1.27  
(Must be enclosed to get small entity filing fee reduction)

**8. Fee Payment Being Made At This Time:**

Enclosed:

- basic filing fee \$710.00
- assignment recordal fee \$40.00
- for processing an application with a specification in a non-English language \$

Total fees enclosed \$750.00

**9. Method of Payment Fees:**

- check in the amount of \$ 750.00 enclosed.

The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

**10. Instructions As to Overpayment:**

- refund

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SIGNATURE OF ATTORNEY, REG. NO. 24,042

CALVIN G. COVELL  
Type or print name of attorney